

V. Contractors / Design Professional (if applicable)																			
A. General Contractor																			
Contact Person	Company																		
Address	City	State	Zip																
Phone/Fax	Email																		
B. Electrical Contractor (City Registration and Separate Permit Required)																			
Phone		Reg. #																	
C. Mechanical Contractor (City License and Separate Permit Required)																			
Phone		Lic. #																	
D. Plumbing Contractor (State License and Separate Permit Required)																			
Phone		Lic. #																	
E. Roofing Contractor (State License Required)																			
Phone		Lic. #																	
VI. Contractors / Design Professional (if applicable)																			
F. Architect/Engineer (if applicable)																			
Name	Company																		
Phone/Fax	Email																		
VII. Applicant's Certificate																			
<p>As Owner or the Owner's authorized agent of the property for which this application is being filed, I hereby certify:</p> <ol style="list-style-type: none"> 1. The description of use and information contained on this application is correct and; 2. The structure will not be occupied or used until a Certificate of Occupancy is issued by the Building Department and; 3. The project will comply with all conditions of approval requirements of applicable City Ordinances and pay all fees required by such ordinances and; 4. No error or omission in either documents or application, whether said documents or application have been approved by the Code Official or not, shall permit or relieve the applicant from constructing the work in any manner other than provided for in the Ordinances of this City relating thereto. 5. The City of Rockford has notified me of Part 61 of Title 40 of the Code of Federal Regulations (NESHAP) and I agree as a condition of this permit to file any required NESHAP notification form with the Illinois Environmental Agency, as required by Section 61.145 (b). (Asbestos Regulations) 6. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his/her behalf. I will be acting on behalf of the owner as his/her agent. <p>Applicant if other than the Owner:</p> <p><input type="checkbox"/> Contractor <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Contract Buyer <input type="checkbox"/> Other _____</p> <p style="text-align: center;">Provide legal address, phone and signature of applicant to affirm the above statements</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name</td> <td colspan="3">Title</td> </tr> <tr> <td>Company</td> <td colspan="3">Phone</td> </tr> <tr> <td>Street Address</td> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td colspan="2">Signature</td> <td colspan="2">Date</td> </tr> </table>				Name	Title			Company	Phone			Street Address	City	State	Zip	Signature		Date	
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Street Address	City	State	Zip																
Signature		Date																	

City of Rockford, Illinois

Community & Economic Development Department
 Construction and Development Services
 425 East State Street, Rockford, IL 61104
 Phone: (779)348-7158 Fax: (815) 967-4243
 Web: www.rockfordil.gov

**Residential Building Permit Clearance Form******To be completed by Staff****

Project Information					
Project Address			P.I.N. #		Zoning District
Is there a Special Use Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Variations Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	File #:		Date
Required Setbacks (feet)		North: _____ East: _____ South: _____ West: _____			
Proposed Setbacks (feet)		North: _____ East: _____ South: _____ West: _____			
Building Height (grade at front door to highest roof, or mechanical or architectural appurtenance): _____ feet			Is the height of the structure under allowable limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing		
Are Public Sidewalks Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing		Is Landscaping Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing	Is Off-Street Parking Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing		Required <input type="checkbox"/> Provided <input type="checkbox"/>
Do the Following Apply?					
Is the property in an Enterprise Zone ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Community Development Project ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Flood Hazard Ordinance Apply? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Historic Preservation Ordinance Apply? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Drainage approval required from City Engineer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Access Permit required from City Traffic Engineer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Planning & Zoning Section Staff Comments					
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>					
Zoning Clearance By:			Date	Zoning Clearance #:	Fee \$ _____ [Inv# _____]
Is a Public Works Clearance Required? [Curb Cut / Driveway / Flood Way / Drainage / Other]					
<input type="checkbox"/> No, not required. <input type="checkbox"/> Yes. See attached signed Public Works clearance form.					
Is a Water Fee Paid?					
<input type="checkbox"/> No, not required. <input type="checkbox"/> Yes. Verification provided. ► Water Ref. #: _____ <input type="checkbox"/> Yes. Fees are charged with this permit.					
Public Works Clearance By:			Date	P.W. Clearance #:	Fee \$ _____ [Inv# _____]
Building Code Section Staff Comments (permit is subject to the following comments and conditions:)					
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>					
Building Permit #: _____ Other Permit #: _____ <div style="text-align: right; margin-top: 20px;">Date</div>			<div style="text-align: right; margin-bottom: 10px;"><i>Calculated Construction Cost:</i></div> Building Permit Fee \$ _____ Processing Fee \$ _____ Subtotal \$ _____ Tech Fee \$ _____ Other _____ \$ _____ TOTAL FEES: \$ _____ <div style="text-align: right;">[Inv# _____]</div>		
Approved By:					

